

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08362

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: BOXWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O EARL T COOPER  
5151 BOXWOOD LANE  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 180278  
TALLAHASSEE, FL 32318

**New Mailing Address:**

FEI Number: 59-3044177      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOPER, EARL T  
5151 BOXWOOD LANE  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: RICHARDSON, WALT  
Address: 4049 MEADOWLAKE LANE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD ( ) Delete  
Name: ARMSTRONG, THOMAS E  
Address: 6987 RED GUM CT  
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD ( ) Delete  
Name: COOPER, EARL T  
Address: 5151 BOXWOOD LN  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: WRIGHT, CHARLES  
Address: 5135 BOXWOOD LN  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: PACE, JAAN  
Address: 6857 PROCTOR RD  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL T. COOPER

Electronic Signature of Signing Officer or Director

PRES

03/26/2008

Date